

**MODEL COMPLAINT FORM**  
**INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**  
**MAY BE USED WHEN REQUESTING A DUE PROCESS HEARING**

**PLEASE TYPE OR PRINT**

Date: \_\_\_\_\_

The **45** calendar days to complete a complaint will begin on the day the complaint is received by the school that is the subject of the complaint. The complaint must be in writing and may include supporting documents. A complaint may be submitted on this model form or in some other written format at the discretion of the parent(s) or their attorney.

**REQUESTED INFORMATION**

Complainant (Parent) or Attorney Name: \_\_\_\_\_

Complainant (Parent) or Attorney Address: \_\_\_\_\_

\_\_\_\_\_

Complainant (Parent) or Attorney Phone: \_\_\_\_\_

The best time(s) to call during normal working hours (8-5 weekdays): \_\_\_\_\_

\_\_\_\_\_

Alternate phone number(s) or preferred method of contact: \_\_\_\_\_

\_\_\_\_\_

**REQUIRED INFORMATION**

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

\_\_\_\_\_

Public Education Agency: \_\_\_\_\_

School Student Is Attending: \_\_\_\_\_

Provide a description of the nature of the problem of the child relating to such proposed initiation or change, including facts relating to such problem. Complainable issues under IDEA are any matter(s) relating to the identification, evaluation, educational placement, or the provision of a Free Appropriate Public Education (FAPE) to a student.\*

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Provide a proposed resolution of the problem(s) to the extent known and available to you.\*

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Parent or Attorney Signature: \_\_\_\_\_

**\*Please attach additional sheets if needed. You have the right to receive a copy of the Procedural Safeguards Notice from the school at the time you submit your complaint.**

Additional questions concerning this form or due process rights may be addressed by contacting:

ARIZONA DEPARTMENT OF EDUCATION  
EXCEPTIONAL STUDENT SERVICES  
1535 WEST JEFFERSON STREET  
PHOENIX, ARIZONA 85007  
(602) 542-3084 FAX (602) 364-0641